Campaign Statement — Long Form (Government Code Sections 84200-84216.5) from 1/194 (From 1/19	ALICANIA
(Government Code Sections 84200-84216.5)	994 (1984) 4,3 U
SEE INSTRUCTIONS ON REVERSE through 6 30 19 911 PLD	
	1 2/
Check one of the following boxes to indicate the type of statement being filed: Date of election if applicable: 10 F11 OF F17	ge of _ <u>&</u>
Check one of the following boxes to indicate the type of statement being filed: Date of election if applicable: 1 All 9: 57 (Month, Day, Year) 4 200	For Official Use Only
Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.) Special Odd-Year Campaign Report / / #################################	
Semi-annual Statement	42.
Termination Statement (Attach a completed Form 415 to this statement.)	4-01
Officeholder, Candidate, and Controlled Committee Included in this Statement Il Other Committees Not Included in this State committees not included in this consolidated statement that are co	ontrolled by you and any
NAME OF OFFICEHOLDER OR CANDIDATE Committees of which you have knowledge that are primarily forme or to make expenditures on behalf of your candidacy.	ed to receive contributions
Elizabeth Romano Rosenquist OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER F APPLICABLE) OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER F APPLICABLE) OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER F APPLICABLE)	I.D. NUMBER
Lodi City Council	,
RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET) NAME OF TREASURER	CONTROLLED COMMITTEE?
CITY STATE THE CODE AREA CODED AND THAT PHONE COMMETTER ADDRESS.	☐ YES ☐ NO
CITY . STATE ZIP CODE AREA CODE/DAYTIME PHONE COMMITTEE ADDRESS (NO. AND STREET) LOUI CU , 95240 (209) 477 - 9700	
COMMITTEE NAME STATE ZIP CODE	AREA CODE/DAYTIME PHONE
COMMITTEE NAME COMMITTEE TO ELECT Elizabeth Romero Rosenquist COMMITTEE NAME CITY STATE ZIP CODE 922.143	Anta coodda, Time More
COMMITTEE APPRE DITY COUNCIL (NO. AND STREET)	I.D. NUMBER
510 West Vine Street CITY Lodl, CA 95240 STATE ZIP CODE AREA CODE/DAYTIME PHONE NAME OF TREASURER	CONTROLLED COMMITTEE?
Dour, or oot to	YES NO
NAME OF TREASURER TOMNITTEE ADDRESS (NO. AND STREET)	
	AREA CODE/DAYTIME PHONE
NAME OF TREASURER Janet Perryman Permanent address of treasurer / (NO. AND STREET) 510 W. VINL St.	AREA CODE/DAYTIME PHONE
NAME OF TREASURER Janet Perryman Committee Address (NO. AND STREET)	
NAME OF TREASURER Janet Perryman PERMANENT ADDRESS OF TREASURER (NO. AND STREET) 510 W. VINL St, CITY STATE ZIPCODE AREA CODE/DAYTIME PHONE Lodi, Ca. 95240 209 334 0967 Attach additional information on appropriately labeled continuate	
NAME OF TREASURER Janet Perryman PERMANENT ADDRESS OF TREASURER (NO. AND STREET) CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE Lodi Ca 95240 209 334 0967 Attach additional information on appropriately labeled continuat Werification I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the	ition sheets.
NAME OF TREASURER Janet Perryman PERMANENT ADDRESS OF TREASURER (NO. AND STREET) CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE Lodi Ca 95240 Verification I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	ition sheets.
NAME OF TREASURER Janet Perryman PERMANENT ADDRESS OF TREASURER (NO. AND STREET) STATE ZIP CODE AREA CODE/DAYTIME PHONE Lodi, Ca. 95240 209 334 0967 Attach additional information on appropriately labeled continuate Werification I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on 7/3/94 At Log, (a. By Mall Planaman)	ition sheets.
NAME OF TREASURER TONLY PERMANENT ADDRESS OF TREASURER (NO. AND STREET) STATE ZIP CODE AREA CODE/DAYTIME PHONE LOCITY STATE ZIP CODE AREA CODE/DAYTIME PHONE Attach additional information on appropriately labeled continuate Werification I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on Tayland At LOGI CITY STATE ZIP CODE Attach additional information on appropriately labeled continuate At LOGI CITY By SIGNATURE OF TREASURER	ition sheets. he attached schedules is
NAME OF TREASURER COMMITTEE ADDRESS (NO. AND STREET)	he attached schedules is
NAME OF TREASURER COMMITTEE ADDRESS (NO. AND STREET)	he attached schedules is
NAME OF TREASURER COMMITTEE ADDRESS (NO. AND STREET)	he attached schedules is
NAME OF TREASURER Janet Perryman	he attached schedules is
NAME OF TREASURER Jane Perruman	he attached schedules is e treasurer has used all hedules is true and

	Dawa Dawi I		Tyn	or print in	n ink.			Ä	ALLOCALION - PART I
Contributi	Page — Part I ons and Independent Expendit n Campaign Funds	ures	Amoun	ts may be whole doll	rounded	Statement from/	covers period	EA.I 199	19 490
SEE INSTRUCTION		COMMITTEE TO Elizabeth Romero for City Council				through	130/94	Page .	2
NAME OF OFFICE	HOLDER OR CANDIDATE AND CONTROLLED COMMITTE	510 West Vine S Lodi, CA 95240	treet	٠,					UMBER 722143
List each contr	ribution and independent expenditure of \$1 oppose other candidates or ballot measures.	00 or more made fron	n campa	ign fund	ls to other	r committees oi	•		
DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMIT	TTEE, OR MEASURE		Oppose	IND. EXP*	AMOUNT	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	O DATE 'EAR . 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
	:								
	,								, :
*See reverse re	garding independent expenditures.				BTOTAL	l			
ALLOCATION -	- PARTI SUMMARY		•	Attach ad	dditional	information on	appropriately l	abeled	continuation sheets.
(Include all A	ns and independent expenditures of \$100 or Allocation Page — Part I subtotals.)				• • • • • • • • • •		\$	6	
2. Contribution (Do not item	ns and independent expenditures under \$10 ize.) putions and independent expenditures made y this total to the Summary Page.)	0 made this period fro	m camp	aign fur	nds.		s d	100	50.00
3. Total contrib (Do not carry	outions and independent expenditures made y this total to the Summary Page.)	e this period from can	paign f	unds.			TOTAL \$	00	5000

Allocatio.. /age - Part II Contributions and Independent Expenditures Made From Personal Funds

Type or print in ink. Amounts may be rounded to whole dollars.

ALLOCA JON-PARTIL

Statement covers period	BARISONSIA ZA GYA
from 1/1/94	1994 FOR 4 4 2 U
through 6/30/94	Page 3 of 21
	- 1.035

COMMITTEE TO ELECT Elizabeth Romero Rosenquist SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE

for City Council 510 West Vine Street Lodi, CA 95240

List each contribution and independent expenditure of \$100 or more made from the officeholder or candidate's personal funds to support or oppose other officeholders, candidates and committees

DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	ł	K ONE Oppose	IND. EXP*	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		-					
				!			
				H. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
							·
·····							:
ee reverse re	ı egarding independent expenditures.		SU	BTOTAL	\$		

Attach additional information on appropriately labeled continuation sheets.

ALLOCATION - PART II SUMMARY

1. Contributions and independent expenditures of \$100 or more made this period from personal funds. (Include all Allocation Page — Part II subtotals.)

2. Contributions and independent expenditures under \$100 made this period from personal funds. (Do not itemize.)

3. Total contributions and independent expenditures made this period from personal funds.

CampaigJisclosure Statement		Type or print in ink. Amounts may be rounded	Statement covers period	St. /JARY PAGE
Summary Page		to whole dollars.	from 1/1/94	CALIFORNIA 490
SEE INSTRUCTIONS ON REVERSE	COMMITTEE TO Elizabeth Romer		through 4/30/94	Page 4 of 21
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE	for City Council 510 West Vine S Lodi CA 95240			1.D. NUMBER 922143
Contributions Received		COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + 8)
	hedule A, Line 3 \$	50.00	s 2601.00 2000.00	\$ 2651.00 2000,00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$	50.00	s 5161.00 4601.00	's <u>5/5/-0</u> 04651.0
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises) 5. Enforceable Promises		50.W	s 5101.00 4601.00	s 4651.00
(Exclude Loan Guarantees, Line 18 below)	•	50.W	5 5+0++++ 4601.W	13 4651,W
Expenditures Made		4.		(//
	hedule E, Line 5 \$.		s 4601,00	\$ 4601.00
	hedule H, Line 7	-0		
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9 \$_		s 4601-00	s 4601.00
11. Accrued Expenses (Unpaid Bills) so	thedule F, Line 5	to00:00	600 W	<u>600 00</u>
2. TOTAL EXPENDITURES MADE	id Lines 10 + 11	tobb, W	s <u> </u>	s 5201.00
Current Cash Statement		^		
3. Beginning Cash Balance Previous Summa	nry Page, Line 17 \$	Θ	• From previous Statement Summa	
4. Cash Receipts Column	A, Line 3 above	6	this is the first report filed for the ca blank except for Loans Received (Lir	
5. Miscellaneous Increases to Cash	chedule I, Line 4	0	6), Loans Made (Line 9), and Accrued	Expenses (Line 11).
6. Cash Payments Column.	A, Line 10 above	_0		
7. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then If this is a termination statement, Line 17 must be zero.	subtract Line 16 🐧	ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT	Summary for Candidates November Elections	
8. LOAN GUARANTEES RECEIVED Schedule B, Pa	art I, Column (b) \$	<i>&</i>	21. Contributions Received \$	6/30 / 7/1 to Date
Cash Equivalents and Outstanding Debts 9. Cash Equivalents	tions on reverse \$ _	8	22. Expenditures Made \$	_6_

Schedule / Monetary	A Contributions Received	COMMITT	Type or princin ink. Sounts may be rounded to whole dollars. TEE TO ELECT Romero Rosenquist	Statement of	overs period 194 3019 U	EAU 199	PORNIA 4.0 ()
SEE INSTRUCTION	S ON REVERSE	for City Co	uncil	through		Page.	of
NAME OF OFFICE	HOLDER OR CANDIDATE AND CONTROLLED COMMI		/ine Street			I.D. NU	MBER 922143
DATE RECEIVED	FULL NAME AND ADDRESS OF CONTR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADD OR, IF NO 1.D, NUMBER HAS BEEN ASSIGNED, ENTER TREASURE!	DRESS, ENTER I.D. NUMBER	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC.	DATE EAR .31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
							,
	·			/			
·			JI NUI				
	:						
			·				
			SUBTOTAL \$				
•	ontributions Summary eived this period — contributions of \$100 c chedule A subtotals.)	or more.			\$. 00)
2. Amount rece (Do not item	eived this period — contributions of less thize.)	nan \$ 100.		······································	s <u>50</u>),W	
3. Total moneta (Add Lines 1	ary contributions received this period. and 2. Enter here and on the Summary Pa	ge, Column A, Lin	e 1.)	TOTAI	s <u>5</u>	0.U)

Schedule	A (Con	tinuatio	n Sheet)
Monetary	/ Contr	ibutions	Received

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Type or print in ink. Amounts may be rounded to whole dollars.

SCHE. EA (cont.)

COMMITTEE TO ELECT Elizabeth Romero Rosenquist
for City Council
510 West Vine Street

Statement covers period

I.D. NUMBER

	510 Wes Lodi, CA	t Vine Street 95240			922143
DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER 1.D. NUMBER OR, IF NO 1.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
					1
	·				
		SUBTOTAL \$			

Sche	du	le b		Part	1
Loan	is R	ere	ive	'nd	

Type or princin lnk.

SCH. JLEB-Part I

Loans R	eceived		Amounts may be rounded to whole dollars.	{	Statement c	overs period	CALIFORN	
					from	11199	1994 FOR N	
SEE INSTRUCT	TIONS ON REVERSE		MMITTEE TO ELECT wheth Romero Rosenquist		through	1/30/44	Page 7	of 21
NAME OF OF	FICEHOLDER OR CANDIDATE AND CO	NTROLLED COMMITTEE TOT	City Council				I.D. NUMBER	
		510 Lo <u>d</u>	West Vine Street i, CA 95240				922	143
DATE	LENDER OR GUARANTOR'S		LENDER/GUARANTOR'S	Li	NDER INFORMAT	ION	GUARANTOR	INFORMATION
RECEIVED	(IF COMMITTEE, ENTER FULL NAME, A NUMBER HAS BEEN ASSIGNED, ENTER TO		OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER BUSINESS NAME)	DUE DATE/ INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE
				DUE DATE		CALENDAR YEAR		CALENDAR YEAR
						,		\$ <u>'</u>
				INTEREST RATE		OTHER		OTHER
	☐ Lender ☐ Guaran	tor*	1 1		*	s		s
	,			DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			()()			s		\ <u>,</u>
	;			INTEREST RATE		OTHER		OTHER
	☐ Lender ☐ Guaran	tor#		<u> </u>	*	s		s
				DUE DATE		CALENDAR YEAR		CALENDAR YEAR
				INTEREST RATE		5		s
						OTHER		OTHER
	Lender Guaran	tor*		<u> </u>	ж	<u></u>		s
*See impoi	rtant instructions on reverse.			SUBTOTAL	\$ (a)		\$ ^(b)	Enter (b) on Summary Page, Line 18 only.
Loans Rec	eived – Part I Summary							
1. Loans of	\$100 or more received this per	iod. (Include all Loans Re	ceived — Part I (a) subtotals.)		. \$			1
2. Loans und	der \$100 received this period.	(Do not itemize.)			\$			
3. Total loar	ns received this period. (Add L	ines 1 and 2.)	• • • • • • • • • • • • • • • • • • • •	··· TOTAL	\$			
Loans Rec	eived — Part II Summary	•			/	/		
4. Loans of	100 or more repaid, forgiven	or paid by a third party t	his period. (Include all Part II ((c)				
subtotals. 5. Loans und	. If forgiven or paid by a third der \$100 repaid, forgiven, or p	party, also itemize the tra aid by a third party. (Do r	ansaction on Schedule A.) . . no itemize.) If forgiven or		. \$	/		
paid by a	third party, include this amou	int on Schedule A Summa	ry, Line 2		\$			
ь. Total loar Add Line)	ns repaid, forgiven, or paid by s 4 + 5.)	a third party this period.		TOTAL	\$ (/)		
7. Net chand	ge this period. (Subtract Line (from Line 3.)				•		
Enter the	net here and on the Summary	Page, Column A, Line 2.			May be a negat	Ive number.	•	

Schedule Loans Re	e ¤ — Part eceived	: I (Continuation Sheet)	Type or princin ink. Amounts may be rounded to whole dollars.		Statement of	overs period		
			COMMITTEE TO ELECT Elizabeth Romero Rosenquist	ŧ .	through	30/94	Page 8	of <u>21</u>
IAME OF OFFI	CEHOLDER OR C	ANDIDATE AND CONTROLLED COMMITTEE	for City Council 510 West Vine Street Lodi, CA 95240				1.D. NUMBER 92	2143
DATE RECEIVED		DR GUARANTOR'S FULL NAME AND ADDRESS EE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER. IF NO I.D.	LENDER / GUARANTOR'S OCCUPATION AND EMPLOYER (IF SELF-		ENDER INFORMA	ATION	GUARANTOR	INFORMATION
KECEIVED		EEN ERFOLD NAME, ADDRESS AND I.D. NOMBER. IF NO I.D. EEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS	EMPLOYED, ENTER BUSINESS NAME)	DUE DATE/ INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE
				DUE DATE		CALENDAR YEAR		CALENDAR YEAR
						s		s <u>'</u>
				INTEREST RATE		OTHER		OTHER
	☐ Lender	Guarantor*			*	s		s
				DUE DATE		CALENDAR YEAR		CALENDAR YEAR
					_	3		\ s
			17	INTEREST RATE		OTHER		OTHER
	Lender	☐ Guarantor *	N //			s		· s
				DUE DATE		CALENDAR YEAR		CALENDAR YEAR
		\int			_	3		
		\bigwedge		INTEREST RATE		OTHER		OTHER
	☐ Lender	Guarantor *	/ V	ļ	•	s	CALIFORNIA 1954 FORM Page 8 1.D. NUMBER 92 GUARANTORI	s
				DUE DATE		CALENDAR YEAR		CALENDAR YEAR
		1			_	3	İ	s
		·		INTEREST RATE		OTHER		OTHER
	☐ Lender	☐ Guarantor *			4	s		s
				DUE DATE		CALENDAR YEAR		CALENDAR YEAR
	.				_	s) s
				INTEREST RATE		OTHER	1	OTHER
	☐ Lender	☐ Guarantor *		<u></u>	4	s	/	s
*See in	nportant instr	uctions on reverse of page 1 of Schedu	ile B, Part I.	SUBTOTAL	\$ (a)		\$ (b)	Enter (b) on Summary Page, Line 18 only.

.

Schedule _ — Part II Repayments Made on Loans Received, Loans Forgiven, and Loans Repaid by a Third Party

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHE EB-Part II

Statement covers period GALIFORNIA 450

Dom 1/1/94 GALIFORNIA 450

Description 1/30/94 GALIFORNIA 450

SEE INSTRUCTIONS ON REVERSE

COMPANIEL POINTENT

I.D. NUMBER

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

for City Council 510 West Vine Street

922143

	<u> </u>	Lauf CA 952a	()			ddt 12
DATE OF REPAYMENT OR ORGIVENESS	DATE OF ORIGINAL LOAN		INTEREST / RATE (IF CHANGED)	AMOUNT REPAID OR FORGIVEN ON PRINCIPAL* (EXCLUDE PAYMENT OF INTEREST)	OUTSTANDING PRINCIPAL	INTEREST PAID
·		· ·				
tach addi	tional informa	tion on appropriately labeled continuation sheets.	SUBTOTAL	\$ (c)	TOTAL INTEREST PAID THIS PERIOD	(d)
ADODTAN	T. Kanyasa a	An long is forming a consider a third party, also its	miza tha trans	eaction on Schodula A	Enter the amount in colu	umn (d) in the

*IMPORTANT: If any part of a loan is forgiven or repaid by a third party, also itemize the transaction on Schedule A, including the name and address of the person forgiving the loan or the third party making the payment, and the amount forgiven or paid.

Enter the amount in column (d) in the summary section of Schedule E, Line 3. Do not carry this total to the summary section of Schedule B.

Schedule B — Part III Annual Report of Outstandin	g Loans Received	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from ////44	CALIFORNIA 4.90
SEE INSTRUCTIONS ON REVERSE	Elizak ella	TEE TO ELECT Rosenquist	through <u>6/30/94</u>	Page 10 of 21
NAME OF OFFICEHOLDER OR CANDIDATE AND CO	NTROLLED COMMITTEE for City C 510 West Lodi, CA		1.D. NUMBER 922143	
FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
:				
·				·
,				:
	-			
		·		
Attach additional information on approp	riately laheled continuation she	ets TOTAL	\$	

NOTE: This total should be the same amount as entered on the Summary Page, Column C, Line 2.

(223AOOA ONA 3MAN 2'A3AU2A3AT A3TN3 CUMULATIVE TO DATE CALENDAR YEAR (IRN. 1 - DEC. 31) CUMULATIVE TO DATE OTHER (IF APPLICABLE) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) ENTER I.D. NUMBER OF, IF NO I.D. NUMBER HAS BEEN ASSIGNED, FAIR MARKET GOODS OR SERVICES (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, FULL NAME AND ADDRESS OF CONTRIBUTOR 101 C.t.y Council 510 West Vine Street Lodi, CA 95240 EM1886 NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE R38MUN.G.I Page Elimbald Romero Rosenquist through COMMITTEE TO ELECT mont to whole dollars. Statement covers period Amounts may be rounded Type or print in ink. CHEDNIE C

\$ JATOT

\$ JATOTAUS

Non-Monetary Contributions Received alubadag

DATE DEVIED

SEE INSTRUCTIONS ON REVERSE

3. Total non-monetary contributions received this period.

Non-Monetary Contributions Summary

2. Amount received this period — non-monetary contributions of less than \$100.

1. Amount received this period — non-monetary contributions of \$100 or more.

Attach additional information on appropriately labeled continuation sheets.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.)

(include all Schedule C subtotals.)

Schedule DE Enforceable Promises Receive Guarantees, Loan Endorsem NOTE: Loan guarantees, loan endorsem be reported on Schedule B - NOT Schedu	ents, and Loan Senents and loan security a ule D. SEE INSTRUCTIONS OF	oan Amount tov ecurity)	or print in ink. s may be rounded whole dollars. That must or Ruseriquist	Statement covers from	period '4 194	CANIFOLISM PAGE	2 of 21
		510 West Vine	Street			9	<i>?21</i> 43
PULL NAME AND ADDRES DATE (IF COMMITTEE, IN ADDITION TO COM RECEIVED ENTER I.D. NUMBER OR, IF NO I.D. N ENTER TREASURER'S NAI	IMITTEE'S NAME AND ADDRESS, IUMBER HAS BEEN ASSIGNED,	LOOI, CA 95240 OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT PAID THIS PERIOD (ALSO ENTER ON SCHEDULE A)	CUMULATIV CALENDA (JAN. 1 - E	AR YEAR	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
			\mathcal{G}				
,							
,							
Attach additional information on approsheets.	opriately labeled continu	uation SUBTOTALS \$	(a)	(6)			
Enforceable Promises Received State 1. Promises received of \$100 or more this 2. Promises received under \$100 this period (Do not itemize.) 3. Total promises received this period. (Add Lines 1 and 2.) 4. Payments received on promises of \$10 (Column (b)). 5. Payments received on promises under (Do not itemize. Also include on Scheel (Add Lines 4 and 5.) 7. Net change this period. (Subtract Line the Summary Page, Column A, Line 6.)	s period (Column (a)). iod. 0 or more this period. \$100 this period. dule A Summary, Line 2.	TOTAL \$. /			,

Schedule Payments and Contributions (Other Than Loans) Made

ype or print in ink.ounts may be rounded to whole dollars.

CHEDULE E Statement covers period through I.D. NUMBER 922143

SEE INSTRUCTIONS ON REVERSE

COMMITTEE TO ELECT

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Elimbeih Romero Rosenquist for City Council 510 West Vine Street

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

"C" - MONETARY AND IN-KIND (NON-MONETARY) **CONTRIBUTIONS TO OTHER CANDIDATES** AND COMMITTEES

"I" - INDEPENDENT EXPENDITURES

"L" - LITERATURE

- "B" BROADCAST ADVERTISING
 - "N" NEWSPAPER AND PERIODICAL ADVERTISING
 - "O" OUTSIDE ADVERTISING
 - "S" SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
 - "F" FUNDRAISING EVENTS

"G" - GENERAL OPERATIONS AND OVERHEAD

"T" - TRAVEL, ACCOMMODATIONS AND MEALS

(MUST BE DESCRIBED)

"P" -- PROFESSIONAL MANAGEMENT AND CONSULTING

SERVICES

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTERED, NUMBER OR, IF NO ED.		IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.				
NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR DESCRIPTION	N OF PAYMENT	AMOUNT PAID		
		. 112				
Important: Contributions and expenditures made out of campaign funds to officeholders, candidates, committees, or ballot measures must also be entered	o or on be ered on t	half of other he Allocation Page, Part I.	SUBTOTAL	\$		
Payments and Contributions Made Summary				· · · · · · · · · · · · · · · · · · ·		
1. Payments made this period of \$100 or more. (Include all Schedule E subto	tals.)			\$		
2. Payments made this period of under \$100. (Do not itemize.)		· · · · · · · · · · · · · · · · · · ·		\$		
3. Total interest paid this period on outstanding loans. (Enter amount from t				\		
4. Total accrued expenses paid this period. (Do not itemize. Enter amount f	rom Sche	dule F, Line 4.)		\$		
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and	d on the S	ummary Page, Column A, Line	8.) TOTAL	\$		

Schedule E		, A m a	ype or print in ink. ounts may be rounded		SCHL_JLE E (cont.)
(Continuation Sheet)		Amo	to whole dollars.	Statement covers period	CALIFORNIA / Q N
Payments and Contributions (Other Than Loans) Made				from///99	SUPPLIE OF IN THE SALE
	COMMITTEE			through 6/30/94	Page 14 of 21
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLL	Elizatetà Ren		enquist	<u> </u>	I.D. NUMBER
	510 West Vind Lodi, CA 952	o Street	•		922143
	CODES FOR CLASSI		XPENDITURES		
"C" MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES "I" INDEPENDENT EXPENDITURES "L" LITERATURE	"B" — BROADCAST ADVERTISIN "N" — NEWSPAPER AND PERIOD "O" — OUTSIDE ADVERTISING "S" — SURVEYS, SIGNATURE GA "F" — FUNDRAISING EVENTS	ICAL ADVI		"G" — GENERAL OPERATION "T" — TRAVEL, ACCOMMONIC (MUST BE DESCRIB) IONS "P" — PROFESSIONAL MA SERVICES	ODATIONS AND MEALS
NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIEN (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, EN' NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME	TER I.D. NUMBER OR, IF NO I.D.	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
	,	CODE			
		 			
	•			· .	
;		}]	15	
		 			
					•
			V		
			,		

SUBTOTAL \$

	/ine Street	Statement covers period from	CHEDULE CALIFORN 4.90 1598 FORM 4.90 Page 15 of 21 1.D. NUMBER 922143
If one of the following codes accurately describes the expenditure, you me back of Schedule E-Continuation Sheet for detailed explanations of each "C" — MONETARY AND IN-KIND (NON-MONETARY) "B" — BROADCAST ADVERTISING ONTRIBUTIONS TO OTHER CANDIDATES "N" — NEWSPAPER AND PERIODAND COMMITTEES "O" — OUTSIDE ADVERTISING	cåtegory. NG	"G" GENERAL OPERATION "T" TRAVEL, ACCOMMO (MUST BE DESCRIBE	ONS AND OVERHEAD 'ODATIONS AND MEALS
NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)		AYMENT OF ACCAUED EXPENSES ON SCHEDULES E ON F. SCHEDULE E, LINE 4. DO NOT RE-ITEMIZE ACCAUED EXPE DESCRIPTION OF OUTSTANDING PAYMEN	NSES REPORTED IN A PREVIOUS PERIOD.
Accrued Expenses Summary 1. Accrued expenses this period of \$100 or more. (Include all Schedule F sub	ototals.)		/
 Accrued expenses this period of under \$100. (Do not itemize.) Total accrued expenses incurred this period. (Add Lines 1 and 2.) Total accrued expenses paid this period. (Do not itemize. Enter here and Net change this period. (Subtract Line 4 from Line 3. Enter the difference 	on Schedule E Summary, L	ine 4.) PAÌD T	TOTAL \$ ()

May be a negative number.

Schedule Payments Made by an Agent or Independent Contractor (on Behalf of an Officeholder or Candidate)

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

pe or print in ink.

A... ants may be rounded to whole dollars.

COMMITTEE TO TOT

Elizabeth Ronnero Kosenquist
for City Courcil

510 West Vine Street Lodi, CA 95240

	CHEDULE G
Statement covers period	CAUFORNIA / C A
from	inden selection
through <u>6/30/94</u>	Page 16 of 21
	LD NIIMBER

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

"L" - LITERATURE

"B" - BROADCAST ADVERTISING

"N" - NEWSPAPER AND PERIODICAL ADVERTISING

"O" - OUTSIDE ADVERTISING

"S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS

"F" - FUNDRAISING EVENTS

"T" - TRAVEL, ACCOMMODATIONS AND MEALS

(MUST BE DESCRIBED)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
			NIT	
ch additional information on appropriately labeled continuation she	eets.		TOTAL	

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E by the officeholder/candidate.

Schedule H — Part I		Type or print in ink.			SCHEDule H - Par		
Loans Made to Others		Amounts may be rounded to whole dollars.		State	ement covers period	MSS 490	
				from	1/1/94	1005110801 47.2/ 0	
		COMMITTEE TO FIF I			10/20/94	17 . 21	
SEE INSTRUCTIONS ON REVERSE		Elizabeth Remero Kusenquist		through	4/00/1	Page of	
NAME OF OFFICEHOLDE	R OR CANDIDATE AND CONTROLLED COMMITTEE	for City Council 510 West Vine Street Lodi, CA 95240				1.D. NUMBER 922/43	
DATE OF LOAN	FULL NAME AND ADDRESS OF (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AN OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TRE,	ND ADDRESS, ENTER I.D. NUMBER	INTEREST	RATE	DUE DATE	AMOUNT	
						ſ	
	·		 		· ////	15	
	:				1/0/1		
					SUBTOTAL \$		
Loans Made to O	thers — Part I Summary					1	
(include all Loans i	nore made this period. Made — Part I subtotals.)						
2 Total loans made t	this period.				//		
Loans Repaymen	ts Received — Part II Summary				//	-	
which have been f	d on loans of \$100 or more. (Include all loan orgiven by this officeholder, candidate, or centre on Schedule E.)	committee - Part II (a) subtotals					
Payments received (Including a forgiv	d on loans under \$100. reness. Do not itemize.)						
Total loan payment(Add Lines 4 and 5)	nts received this period) .riod. (Subtract Line 6 from Line 3.						
Enter the net here	and on the Summary Page, Column A, Line	9.)		NET \$	May be a negative number.		
					/		

Type or print in ink.

Amounts may be rounded to whole dollars. Schedule H - Part I SCHEDULE h - rart I (cont.) Loans Made to Others (Continuation Sheet) Statement covers period from COMMITTEE TO TOT Flizabeth Romero Kosenquist through for City Council 510 West Vine Street Lodi CA 95240 I.D. NUMBER NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE 922143 **FULL NAME AND ADDRESS OF RECIPIENT** DATE OF LOAN INTEREST RATE **DUE DATE AMOUNT** (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)

SUBTOTAL \$

Schedule H - Part II Loan Repayments Received on Loans Made to Others (Including Payments Received from Third Parties) and Loans Forgiven

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE H - Part II

Statem	ent covers period	DANIER LINE	V.VaYa
from	1/1/94	1994 FORV	14,727
through	le/30/94	Page <u>19</u>	of 21
		ID NIIMBER	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

for City Council 510 West Vine Street Lodi, CA 95240

COMMITTEE TO ELECT Elizabeth Romoro Rosenquist

					, , , ,	· · · <u> </u>
DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF RECIPIENT OF LOAN	INTEREST RATE (IF CHANGED)	AMOUNT REPAID OR FORGIVEN ON PRINCIPAL* (EXCLUDE RECEIPT OF INTEREST)	OUTSTANDING PRINCIPAL	INTEREST RECEIVED
						
						
Attach additio	nal information or	n appropriately labeled continuation sheets.	SUBTOTAL	\$ (a)	TOTAL INTEREST RECEIVED THIS PERIOD	\$.

*IMPORTANT: If any part of a loan is forgiven, also itemize the forgiveness on Schedule E. If a repayment is received from a third party, enter the name and address of third party in the "FULL NAME OF RECIPIENT OF LOAN" column above, along with the name of the recipient of the loan.

Enter the amount in column (b) in the summary section of Schedule I, Line 3. Do not carry this total to the summary section of Schedule H.

Schedule H — Part III Annual Report of Outstanding Loans M SEE INSTRUCTIONS ON REVERSE NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMI	COMMITTEE TO T Elizabeth Romero I	Rosenquist	Statement covers period from $\frac{1/(94)}{4}$ through $\frac{(e/30/94)}{4}$	SCHEDULE H-Part I DALIFORNIA 4.00 1994 FORM Page 20 of 21 I.D. NUMBER 922143
FULL NAME OF RECIPIENT OF LOAN	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOA	N UNPAID PRINCIPAL	UNPAID INTEREST
				·
		/		
,				
	·			
		/		

Attach additional information on appropriately labeled continuation sheets.

NOTE: This total should be the same amount as entered on the Summary Page, Column C, Line 9.

TOTAL

Schedule 1

Type or print in lnk.

SCHEDULE I

Miscellane	ous Increases to Cash		may be rounded hole dollars.	Statement covers period from	PAGEORNA 420
SEE INSTRUCTIONS ON REVERSE NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		COMMITTEE TO ELECT Elizabeth Romero Rosenquist for City Council		through 6/30/94	Page <u>2/</u> of <u>2/</u>
		510 West Vine Street Lodi, CA 95240			1.D. NUMBER 922143
DATE RECEIVED	FULL NAME AND ADDRESS OF SC (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND AI OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASUR	DDRESS, ENTER I.D. NUMBER	DESCR	RIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	•				ı
			; \		
) U '	
		·			
Attach addit	tional information on appropriately labeled co	ntinuation sheets.		SUBTOTAL \$	
l. Increases to d	as Increases to Cash Summary ash of \$100 or more this period.				
	ash under \$100 this period. (Do not itemize.)	•		\$	
I. Total miscella	aneous increases to cash this period. (Add Line	es 1. 2. and 3. Enter here and	d on the	TOTAL \$	